SHOREHAVEN HEALTH CENTER

P. O. BOX 208

OCONOMOWOC 53066 Phone: (262) 567-8341 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 197 Total Licensed Bed Capacity (12/31/01): 242 Number of Residents on 12/31/01: 186

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: ************************

Non-Profit Corporation

Skilled

No

Yes

Yes

202

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | osis of | Residents (12/31 | /01) | Length of Stay (12/31/01) | % |
|---|----------|------------------------------|---------|------------------|---------|------------------------------|----------------|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year 1 - 4 Years | 24. 7 48. 9 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 2.7 | More Than 4 Years | 26. 3 |
| Day Services | No | Mental Illness (Org./Psy) | 31. 2 | 65 - 74 | 6. 5 | | |
| Respite Care | Yes | Mental Illness (Other) | 1.6 | 75 - 84 | 33. 3 | | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 42. 5 | ********* | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi plegi c | 2. 2 | 95 & 0ver | 15. 1 | Full-Time Equivalen | t |
| Congregate Meals | No | Cancer | 1. 1 | ĺ | | Nursing Staff per 100 Res | si dents |
| Home Delivered Meals | Yes | Fractures | 3. 2 | | 100. 0 | (12/31/01) | |
| Other Meals | Yes | Cardi ovascul ar | 10. 2 | 65 & 0ver | 97. 3 | | |
| Transportati on | No | Cerebrovascul ar | 21. 0 | | | RNs | 11. 2 |
| Referral Service | No | Di abetes | 3. 8 | Sex | % i | LPNs | 6. 6 |
| Other Services | Yes | Respi ratory | 5. 4 | | | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 20. 4 | Male | 17. 2 | Aides, & Orderlies | 48. 3 |
| Mentally Ill | No | | | Female | 82. 8 | | |
| Provi de Day Programming for | | | 100.0 | | j | | |
| Developmentally Disabled | No | | | İ | 100.0 | | |
| **************** | **** | ********** | ***** | ******* | ******* | ********** | ***** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | ; | | amily Care | | | anaged Care | | | |
|--------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|-----------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % Of Al l |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 |
| Skilled Care | 8 | 100.0 | 240 | 87 | 77. 0 | 106 | 0 | 0.0 | 0 | 65 | 100.0 | 170 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 160 | 86. 0 |
| Intermedi ate | | | | 26 | 23.0 | 87 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 26 | 14. 0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 8 | 100.0 | | 113 | 100.0 | | 0 | 0.0 | | 65 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 186 | 100. 0 |

| Admissions, Discharges, and Deaths During Reporting Period | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01 | | | | | | | |
|---|--|--|-------------|------------|----------------|--------------------------|------------|--|
| beachs builing kepoliting lellou | | | | % Needi ng | | Total | | |
| Percent Admissions from: | | Activities of | % | | sistance of | % Totally | Number of | |
| Private Home/No Home Health | 4. 0 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents | |
| Private Home/With Home Health | 2. 4 | Bathi ng | 1.1 | | 64. 0 | 34. 9 | 186 | |
| Other Nursing Homes | 6. 4 | Dressi ng | 9. 1 | | 65. 6 | 25. 3 | 186 | |
| Acute Care Hospitals | 68 . 0 | Transferring | 25. 8 | | 53. 8 | 20. 4 | 186 | |
| Psych. HospMR/DD Facilities | 0.8 | Toilet Use | 15. 6 | | 58 . 1 | 26. 3 | 186 | |
| Reĥabilitation Hospitals | 12.0 | Eating | 42. 5 | | 45. 7 | 11.8 | 186 | |
| Other Locations | 6. 4 | ************************************** | ********* | ***** | ****** | ******** | ****** | |
| Total Number of Admissions | 125 | Continence | | % | Special Treatm | ents | % | |
| Percent Discharges To: | | Indwelling Or Externa | l Catheter | 5.9 | Receiving Re | spi ratory Care | 4. 3 | |
| Private Home/No Home Health | 8.6 | Occ/Freq. Incontinent | | 40.9 | Receiving Tr | acheostomy Care | 0. 5 | |
| Private Home/With Home Health | 11. 2 | Occ/Freq. Incontinent | of Bowel | 44.6 | Receiving Su | | 0. 0 | |
| Other Nursing Homes | 1. 3 | <u>-</u> | | | Receiving 0s | tomy Care | 1. 6 | |
| Acute Care Hospitals | 2. 0 | Mobility | | | Receiving Tu | be Feeding | 1. 1 | |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | l | 1.6 | Receiving Me | chanically Altered Diets | 36. 6 | |
| Rehabilitation Hospitals | 0.0 | | | | | · | | |
| Other Locations | 8. 6 | Skin Care | | | Other Resident | Characteri sti cs | | |
| Deaths | 68. 4 | With Pressure Sores | | 5.4 | Have Advance | Di recti ves | 86. 6 | |
| Total Number of Discharges | | With Rashes | | 0. 5 | Medi cati ons | | | |
| (Including Deaths) | 152 | | | | Receiving Ps | ychoactive Drugs | 50. 5 | |
| ********** | ***** | ********* | ********* | ***** | ****** | ******** | ***** | |

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure: Nonprofit 200+ Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 83. 5 88. 9 0.94 80. 2 1.04 82.7 1.01 84. 6 0.99 Current Residents from In-County 75.3 88. 1 0.85 83. 3 0.90 **85**. 3 0.88 77. 0 0.98 Admissions from In-County, Still Residing 32.0 22.9 1.39 27.4 1. 17 21. 2 1.51 20.8 1. 54 Admissions/Average Daily Census 61.9 129.6 0.48 94. 3 0.66 148. 4 0.42 128. 9 0.48 Discharges/Average Daily Census 75.2 133.7 0.56 98. 8 0.76 150. 4 0.50 130.0 0.58 Discharges To Private Residence/Average Daily Census 14.9 47.6 0.31 31.6 0.47 **58.** 0 0. 26 52.8 0.28 Residents Receiving Skilled Care 86. 0 90. 5 0.95 89. 7 0.96 91.7 0.94 85.3 1.01 Residents Aged 65 and Older 97. 3 97.0 1.00 90. 1 1.08 91.6 87. 5 1. 11 1.06 Title 19 (Medicaid) Funded Residents 60.8 **56.** 0 1.08 71.6 0.85 64. 4 0.94 68. 7 0.88 Private Pay Funded Residents 35. 1 23.8 22.0 34. 9 1.00 19. 1 1.83 1.47 1. 59 Developmentally Disabled Residents 0.0 0. 5 0.00 0.8 0.00 0. 9 0.00 7. 6 0.00 Mentally Ill Residents 32.8 30. 9 1.06 35. 4 0.93 32. 2 1.02 33. 8 0.97 General Medical Service Residents 20. 4 27.3 0.75 20. 3 1. 01 23. 2 0.88 19. 4 1.05 49.3 Impaired ADL (Mean) 52.6 50.3 1.05 51.8 1.02 51.3 1.03 1.07 Psychological Problems 50. 5 52. 4 0.96 47.7 1.06 50. 5 1.00 51. 9 0.97 Nursing Care Required (Mean) 7. 2 6.3 7. 1 0.88 7. 3 0. 85 0.87 7. 3 0.85